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AUG 17 2005

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42532 7590 06/21/2005

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PROSKAUER ROSE LLP
ONE INTERNATIONAL PLACE 14TH FL
BOSTON, MA 02110

08/18/2005 WABDELRS 00000120 503081 10642509

01 FC:1501 1400.00 DA
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Jamie Crystal-Lowry

(Depositor's name)

(Signature)

August 15, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/642,509	08/18/2003	Jeff C. Sellers	ASX-064	1663

TITLE OF INVENTION: CONTROL OF PLASMA TRANSITIONS IN SPUTTER PROCESSING SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/21/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
WALBERG, TERESA J	3753		219-121540		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Proskauer Rose LLP
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MKS Instruments, Inc.

Wilmington, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3081 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Deborah M. Vernon

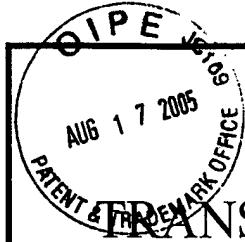
Date 08/15/2005

Typed or printed name Deborah M. Vernon

Registration No. 55,699

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**TRANSMITTAL
FORM**

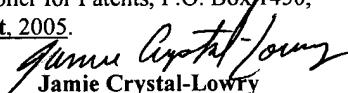
<p align="center">TRANSMITTAL FORM</p>	Application Serial Number	10/642,509
	Filing Date	August 18, 2003
	First Named Inventor	Sellers
	Group Art Unit	2632
	Examiner Name	Teresa Walberg
	Attorney Docket No.	ASX-064US
	Patent No.	Not yet assigned
	Issue Date	Not yet assigned

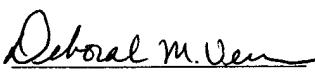
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<p><input type="checkbox"/> Fee Transmittal Form</p> <p style="margin-left: 20px;"><input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form</p> <p><input type="checkbox"/> Amendment/Response</p> <p style="margin-left: 20px;"><input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>]</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p style="margin-left: 20px;"><input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citation Labeled C13</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Sequence Listing submission</p> <p style="margin-left: 20px;"><input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above</p>	<p><input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)</p> <p><input type="checkbox"/> Formal Drawing(s)</p> <p><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal</p> <p><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application</p> <p><input type="checkbox"/> Small Entity Statement</p> <p><input type="checkbox"/> CD(s) for large table or computer program</p> <p><input type="checkbox"/> Amendment After Allowance</p> <p><input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)</p>	<p><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Brief (in triplicate)</p> <p><input type="checkbox"/> Status Inquiry</p> <p><input checked="" type="checkbox"/> Return Receipt Postcard</p> <p><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8</p> <p><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)</p> <p><input checked="" type="checkbox"/> Form PTOL-85 <input checked="" type="checkbox"/> Copy of Form PTOL-85</p>
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CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Jamie Crystal-Lowry

<p align="center">CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899</p>	<p align="center">SIGNATURE BLOCK</p> <p>Respectfully submitted,</p> <p> Deborah M. Vernon Agent for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600</p>
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